SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 16174OF 19699 FOR LINE NUMBER: Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TEAM SCALISE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name TIERNEY, MATTHEW, , , Date of Receipt Mailing Address 401 RED CEDAR COURT 15 2022 City Zip Code State Transaction ID: SA11A.2632177 TN **NASHVILLE** 37214-4023 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 904.15 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TIGANI, JAMES, V., , JR. Date of Receipt Mailing Address 940 N LAKE WAY 10 2022 City State Zip Code Transaction ID: SA11A.2634065 PALM BEACH FL 33480-3323 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** CONTRIBUTION **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED Other (specify) 1020.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. TIPTON, ANCEL, , , Date of Receipt Mailing Address 2040 SHEFFIELD DRIVE 15 2022 City Zip Code State Transaction ID: SA11A.2626415 MS **JACKSON** 39211-5848 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION **SELF PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 1062.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....